Application or Docket Number

Effective October 1, 2003								10758947					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER	R THAN	
T	OTAL CLAIMS	•	84					TYPE	FEE	ר ר	RATE	FEE	
F	DR		NUMBER FILED		NUMBER EXTRA			BASIC FE		1	BASIC FEE	_	
⊩	OTAL CHARGE	ARIE CLAIMS	016		660				- 000:00	- OH		770.00	
╟─		 -	%		• /	,64		X\$ 9=		OR	X\$18=	1152	
	DEPENDENT C	_	† minus 3 =			<i>t</i>		X43=		OR	X86 <u>÷</u>	744	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	2266	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	(Column 1) (Column 2) (Column 1) CLAIMS I HIGHEST I							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	Unelox	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI/ TIONAL FEE	
	Total	. 84	Minus	***		=		X\$ 9=		OR	X\$18=		
	Independent	• 1	Minus	###	CI AIM	-		X43=		OR	X86=/		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
·								TOTAL		OR	TOTAL		
	• • • •	(Column 1)		(Colum	n 2)	(Column 3)	_						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	-		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X43=		OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								+145=		OR	+290=		
•								TOTAL DOIT. FEE		OR ,	ODIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**			Г	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	}	X43=		`. I	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· þ	^ T V=		OR	∧00±		
+145= OR +290=													
•• [* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
i	he "Highest Num	ber Previously Paid	For (Total or	Independen	n) is the	highest number	toun	d in the app	propriate box	in colu	mn 1.	1	